

STATE OF LOUISIANA
DEPARTMENT OF WILDLIFE AND FISHERIES
ATTN: SPORTS LICENSE
P.O. BOX 98000
BATON ROUGE, LOUISIANA 70898-9000

APPLICATION FOR DISABLED VETERANS' HUNTING AND FISHING LICENSE

This is to certify that I meet all requirements as specified in R. S. 56:104. B. (2) which provides that veterans having a permanent service connected disability classification of fifty percent or more, and who are Louisiana residents, upon certification by the Louisiana Department of Veterans Affairs, SHALL not be required to pay fees to fish or hunt, but licenses to fish and hunt shall be issued to such classified veterans free of charge. I am aware that this state law does not provide exemption from the purchase of a federal water fowl stamp (duck stamp) which is required to hunt duck or geese.

1. **NAME** _____
 STREET ADDRESS _____
 CITY OR TOWN _____ **ZIP** _____
 TELEPHONE NUMBER () _____ **DATE OF BIRTH** _____
 SOCIAL SECURITY # _____
 HUNTER CERTIFICATION # (required if born 9/1/69 or later) _____
2. **I understand that this license expires June 30 of each year, and must be renewed.**
3. **I understand that I must be a resident of Louisiana for at least one (1) year to be eligible.**

CERTIFICATION

Signature of Applicant

I CERTIFY THAT THE ABOVE NAMED VETERAN, WHOSE FILE IS LOCATED IN THE

_____ PARISH VETERANS SERVICE OFFICE IN _____

LOUISIANA IS _____ PERCENT () PERMANENTLY SERVICE CONNECTED

DISABLED, AND IS A RESIDENT OF THE STATE OF LOUISIANA.

DATE

Signature and Seal of
PARISH SERVICE OFFICER

Attach a copy of the applicants LA. Drivers License or LA. Identification Card